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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) 3493-0147PUS1 | |
| Application Number 10/527,810-Conf. #1921 | | Filed January 17, 2006 | |
| COMPOSITION CONTAINING IN COMBINATION AT LEAST ONE GOURD OIL AND AT LEAST ONE For BORAGE OIL, USE THEREOF AS MEDICINE, AS DERMATOLOGICAL OR DERMATO-COSMETIC AGENT | | | |
| Art Unit 1655 | | Examiner M. L. McCormick | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,868</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
| _____ Signature | | _____ Date | |
| Andrew D. Meikle Typed or printed name | | (703) 205-8000 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |